

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <u>Linda Davila</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>to Blanco  ates District Court  ates Courthouse, 1st Floor  toria Street  X 78040</p>		<p>B. Received by (Printed Name)  <u>LINDA DAVILA</u></p> <p>C. Date of Delivery  <u>4-3-08</u></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;"><u>08cr 245</u></p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number  (Transfer from service label)</p>		<p><b>7006 0100 0001 7313 2586</b></p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

**FILED**  
Apr 3, 2008  
**APR - 8 2008 YM**

**MICHAEL W. DOBBINS**  
**CLERK, U.S. DISTRICT COURT**